LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNA."

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A NOR'-WESTER.

The Chicago Medical and Surgical Examiner, in its May issue, contains the following editorial in regard to the Kentucky-Louisville School:

"It will hardly be necessary to introduce the subject matter of the following letters with any thing more than a statement of the facts connected with the manner of our possession of them.

"Early in March, 1876, the janitor of the Chicago Medical College received a note from the dean of the Kentucky School of Medicine, requesting him to send the names of a number of the students of the former institution to him. The janitor complied, and being of an inquiring turn of mind wrote and mailed the following letter to the dean of the Kentucky School of Medicine. We mark it

"(No. 1.) 'CHICAGO, March 5, 1876.

"'*Dear Sir*—I have attended one year in the Chicago Medical College, and according to the rules of this institution I shall have to spend two more years before I can graduate. Now I want to get through in shorter time in your college. Will you then oblige me by stating so, and send me your annual announcement. Respectfully yours,

"'P. NILSON, 785 Wabash Ave.'

"To this a letter, of which the following is an exact copy, came as an answer:

"(No. 2.) 'LOUISVILLE, March 9, 1876.

"'MR. P. NILSON: *Dear Sir*—I am just in receipt of your letter of the 5th inst. As you have attended one course of lectures, you would be allowed to come forward for graduation in this school after attending one more course. You can come on here now and join the present class, and come forward in June of this year for graduation. I send you a catalogue.

"'Yours very truly,

"'E. S. GAILLARD.'

"Letters Nos. 3 and 4 were handed to us by Prof. Nelson, of the Chicago Medical College, who vouches for their genuineness.

"(No. 3.) 'CHICAGO, March 21, 1876.

"'*To the Dean of the Louisville Medical College, Louisville, Ky.:*

"'SIR—I am desirous of attending College this summer. I address you in relation thereto.

"'I am a man of twenty-five years. My early education I obtained in Indiana and my classics in Rockford, Ills. I began the study of medicine in December, 1874. I have attended a course of summer lectures of three months and a winter course of six months, both courses being taken in Chicago Medical College.

"'I have creditably passed the junior examinations and completed three dissections of the human body.

"'Now, will you admit me as a student of your college, and at the same time allow me to come up as a candidate for graduation and graduate at the end of this present session, providing I pass the required examinations and furnish certificate of moral character?

"'As I have been detained for examination in the Chicago Medical College, which closes this 21st inst., your immediate answer will oblige

"'Yours truly, M. M. ROWLEY.

"'P. S. Please send me catalogue to 45 South Clark Street, Chicago.'

"Letter No. 4 came in answer to the above.

"'LOUISVILLE, KY., March 24, 1876.

"'MR. M. M. ROWLEY: *Dear Sir*—Your letter of the 21st inst. has just been received. You can enter the present session of this college and come forward for graduation with the class in June. I would advise you, however, to come on with the least possible delay, as the course was begun on the 1st of this month. I send you a catalogue by this mail.

"'Yours very truly, E. S. GAILLARD.'

"Commentary upon the above letters is entirely unnecessary. They are plain and to the point."

Comment does indeed seem to be superfluous; yet we venture upon a word or two. The published letters do not surprise us much. The announcement of the Phenom-

enon distinctly declares that the great advantage of this school is that it saves time. The journals generally must exchange with the American Medical Weekly. Let them turn to the last cover leaf of that periodical and read the beautiful lines recorded upon the opposite sides, in the advertisements of the Diploma Mill; or if they have time, let them examine the catalogues of this singular concern, wherein is contained some of the tallest writing the eye ever rested upon, and we venture to say that they will not wonder much at any thing they hear about the Phenomenon. But even with our knowledge we scarcely know what to think of the note written by the dean of the Kentucky School to the janitor of the Chicago Medical College, requesting the names of students in that institution. Is that the proper officer to address upon matters pertaining to the college? Comment, indeed, is unnecessary here. We sincerely hope for the honor of Kentucky State, if not of the Kentucky School, that there has been some mistake about this matter.

The professional mind was slow to believe that there could be such an institution as that which we have described—the Kentucky-Louisville School. Its nine-months' graduates, its two graduating courses in one year, its beneficiary scholarships, etc., were considered hardly possible under the shadow of the American Medical Association. We believe the profession is pretty generally waking up to the situation, and sees that this journal has not been waging a local war during the last few months; that it fights for a common interest, to prevent the debasement of the profession by the shams it has been its endeavor to expose. Condemnation, though slow in coming, is loud at last. The Philadelphia Times, comparing the Kentucky-Louisville School with the eastern quack institutions which sold diplomas, and which were suppressed by law, saw "no difference between the prostitute in hired apartments and her less fortunate sister who walked the streets." The New York Medical Record declares it is high time for the profession to look these matters in the face. The Boston Journal considers the subject too painful to dwell upon, and recommends it to the American Medical Association. And now the Chicago Journal presents certain documents pertaining to the evil, and leaves them in horror.

Original.

THE KENTUCKY MEAT SHOWER.

BY L. D. KASTENBINE, M. D.,
Professor of Chemistry in Louisville College of Pharmacy.

The strange phenomenon which occurred on the farm of Mr. Crouch. in Bath County, last winter—a fall of quivering flesh from a cloudless sky, covering an area of more than one hundred feet, adhering to leaves, fences, etc.—elicited considerable attention at the time not only from the press, but from many learned societies and private individuals. Many were disposed to treat it as "scientific bait," others as batrachian spawn—although a naturalist tells me that it was not the season for spawn—scattered by a whirlwind over the land.

On hearing last week that a vegetable fungus* was the latest tissue "transformation," I concluded to examine one of the five specimens given Simon N. Jones, the pharmacist, by Dr. Luke P. Blackburn. The specimen was in a morphine bottle, labeled with the following paragraph from Courier-Journal: "Five specimens of the flesh which recently fell in Bath County were given to Mr. Simon N. Jones, the druggist, on Monday last. They were first handed to Dr. L. P. Blackburn, who gave them to Mr. Jones to examine. Specimens are now very scarce. Those which Mr. Jones has appear dry, but resemble animal flesh, and are somewhat greasy."

On heating a small portion on a platinum spatula over a Bunsen burner, it melted and burned with a "spurting flame," the grease running out toward the handle. The odor

Vide "Selections."

was distinctly like rancid mutton-suet on warming, and after ignition had the characteristic smell of burned animal tissue.

Some thin sections taken from that portion which had no woody matter adhering were treated twenty-four hours with a dilute solution of chromic acid, chromate of potassa, iodine serum, and common salt. All these methods enabled me to bring out the muscular fiber, but the solution of common salt rendered the striæ exceedingly distinct, showing it to be a portion of voluntary fiber. The connective and fatty tissues were also clearly shown. As the specimen was not placed in alcohol the odor was retained, which a number of meat experts pronounced without hesitation mutton. Since my examination I have learned that others have arrived at the same conclusion as myself, some even asserting that the wool of the animal was distinctly seen.

The only plausible theory explanatory of this anomalous shower appears to me to be that suggested by the old Ohio farmer—the disgorgement of some vultures that were sailing over the spot, and from their immense height the particles were scattered by the then prevailing wind over the ground. The variety of tissue discovered—muscular, connective, fatty, structureless, etc.—can be explained only by this theory.

SALICYLIC ACID.

BY C. J. RADEMAKER, M. D.

Being well aware that a great many medicines are used as antiseptics that in fact have no real antiseptic properties, I thought it advisable to make a few experiments on dead tissue before using this acid.

EXPERIMENT I.—Some muscular fiber was mixed with water, to which some salicylic acid had been added, and exposed to air and a temperature ranging between 75° and 90° Fahr. for about four weeks. At the expiration of this time there was no perceptible odor given off. The only change that took place in the meat was that it lost its red color, and turned white. In other respects the meat had a perfectly healthy appearance. I then mixed some muscular fiber with water and exposed it to air and the direct rays of the sun for several days. Putrefaction set in very rapidly, the liquid becoming of a dark-red color, which gave off a very offensive odor. To this was added a solution of salicylic acid, which produced the following changes: 1. From a dark-red the liquid became perfectly white; 2. The offensive odor gradually left it, so that at the expiration of eight hours it had entirely disappeared, and the meat becoming perfectly white, and had the appearance of healthy muscular fiber.

The first case in which I used this acid was a compound comminuted fracture of the tibia and fibula, the external wound being about three quarters of an inch in length. The bones were placed in proper position, and the wound washed and dressed with a solution of carbolic acid, and a plaster-of-paris bandage with a fenestra applied. The wound was dressed daily with carbolic acid for about two weeks, when erysipelatous inflammation set in. The bandage was removed and the leg placed in a box, and the wound dressed with the following ointment: carbolic acid, ʒj; ungt. simplex, ℥j; and the entire leg covered with bran. In a few days several fistulous openings showed themselves on the lateral and lower portion of the leg, and at the same time the primary wound became much larger and gangrenous. All of the gangrenous tissue was removed, and with it about four inches of bone in a state of necrosis. I then commenced washing the leg with the following solution: permanganate of potash, ʒ ijss; aqua destillat., Oj; the wound being dressed with carbolic-acid ointment. I may state here that there was no glycerine mixed with the solution of permanganate of potash, as I had some conscientious scruples about blowing off some innocent pharmacist's head. But under this treatment there was no improvement. I then resorted to the following treatment: salicylic acid, ℥j; aqua destillat., Oj; with this the wounds were washed and then dressed with

the following ointment: salicylic acid, ʒj; ungt. simplex, ℥j.

Under this treatment the leg gradually improved, and healthy granulations sprang up, so that at the end of four weeks I was able to re-apply a plaster-of-paris bandage with fenestra, and let my patient go out on crutches, the wounds being dressed daily with salicylic-acid ointment. This patient suffered for eight months, and of all the antiseptics used I found salicylic acid the best. But he got entirely well, with only half an inch shortening and some stiffness about the ankle-joint. His constitutional treatment was good, nourishing food, and stimulants and quinine, not as a tonic, but to control the heart's action.

I have also used this acid in amputations of the fingers, and in cuts and wounds about the head and other portions of the body, always with good results, union very readily taking place without much suppuration. For fetid ulcers it is an excellent application, destroying the smell and producing healthy granulations.

PREPARATION.—According to Kolbe salicylic acid may be prepared by transmitting a stream of carbonic anhydride into a solution of carbolic acid; while it is dissolving the metal sodium sodic salicylate is formed, while hydrogen escapes. Having no metallic sodium I used the metal potassium instead. The potassium was rapidly oxidized at the expense of the carbolic acid. Hydrogen was given off, and burned with its characteristic flame, while carbon was precipitated and the smell of carbolic acid entirely disappeared, but I was unable to find a trace of salicylic acid.

Salicylic acid is most easily obtained by treating salcine, the active principle of the willow, with an excess of caustic potash, and fusing the mixtures until they become white. The resulting mass is to be dissolved in water and treated with hydrochloric acid, when salicylic acid will be precipitated and chloride of potassium remains in solution. Salicylic acid is readily converted into carbolic acid when distilled with an excess of caustic lime, as may be seen by the following equation it yields (phenic) carbolic acid and calcic carbonate:

$$\underset{\text{Salicylic Acid.}}{H\,C_7\,H_5\,O_3} + \underset{\text{Caustic Lime.}}{Ca\,O} = \underset{\text{Carbonate of Lime.}}{Ca\,C\,O_3} + \underset{\text{Carbolic Acid.}}{H\,C_6\,H_5\,O}$$

and if the statement of Kolbe be true, then carbolic acid is readily converted into salicylic acid.

Salicylic acid is readily soluble in boiling water, but only slightly soluble in cold water. It is soluble in alcohol, but insoluble in chloroform, caustic potash, caustic soda, and their carbonates; and the biborate of soda added in small proportions but slightly increases its solubility in water. A pint of cold water at ordinary temperature will dissolve about sixty grains of the acid.

Correspondence.

MEDICAL NOTES FROM NEW YORK—REPORT OF SOCIETIES.

[FROM OUR OWN CORRESPONDENT.]

I have debated in my own mind which I shall report, and being unable to make a selection I am forced to claim more space than I fear I am entitled to.

Dr. Stein read an interesting paper on the bladder before the Journal Association. I prefer beginning with as near as possible his own words:

"There are many phenomena connected with this organ which we do not and probably never can explain. We know not why a perfectly healthy man is often unable to micturate in the presence of a stranger, nor why the same man is unable to empty his bladder while on a moving vehicle while one accustomed to the act can do so with perfect ease. We can not account for the fact that some persons desire to pass water when they approach a running stream, nor have physiologists ever yet been able to agree in explaining why in certain pathological conditions the urine accumulates unconsciously, and is then involuntarily discharged.

"There is so much difference of opinion in respect to the arrangement of the muscular fibers that probably no two anatomists agree on the number of layers or the direction of the fibers. Instead of the common belief, I think all the fibers are arranged in the form of a figure 8; the angle of crossing of the loop being of greater or less acuteness, and the loops embracing the uracus and the urethra. These fibers are intermediate in strength between those of the stomach and those of the esophagus, and are stronger in women and children than in males and adults. I divide the muscular element of the bladder into seven layers, the fibers arranged as above described, but not being confined to the same plane. The first and seventh have fibers of the greatest length, and the loop has the angle of crossing most acute; the second and sixth are obliquely spiral; and the third and fifth are the most oblique, the angle of crossing being so obtuse that fibers of this layer are generally considered circular.

"Though the existence of a sphincter vesicæ is the commonly-accepted opinion, yet such is by no means certain, and is doubted by Sir Henry Thompson. While on this part of our subject we must not ignore the prostate. Only one third of this body consists of secreting elements, the remainder being made up of involuntary muscular fibers, which are continuous with most of the fibers of the bladder itself. Why not let these have power to act? and if so, do not they contribute to the performance of the sphincteric act? Another element of the so-called sphincter is undoubtedly the levator prostatæ, whose fibers arise from either side of the subpubic arch, and dip downward and backward, to be continuous with those of the opposite side underneath the prostatic body; thus holding this organ, as it were, in a sling. This muscle also assists in defecation, and owing to its action simultaneous urination can not take place.

"Looking through an opening in the fundus, the most prominent object that strikes the view is the uvula. This seems to serve a purpose similar to that of the corpora Arantii of the semilunar valves—perfect closure of the urethra.

"The tonicity of the bladder is dependent upon the nervous supply from the spinal cord. In experimentation on a dog the expulsive power before injury to the cord was found to be thirty; after destruction of a certain part of the cord it fell immediately to eight, and became no less after the death of the animal.

"There are two kinds of nerves concerned in the physiology of the bladder: those derived from the sacral plexus of spinal nerves, and those from the hypogastric plexus of the sympathetic. The encephalic centers lie in the peduncles of the cerebrum and in the corpora restiformia of the medulla. When the urine has accumulated to a sufficient extent the stimulus does not stop in the cord, but is transmitted through it to the brain, and then only are we conscious of the presence of urine in the bladder, though the ureters are constantly conducting it from the kidneys into its cavity. Hence the desire to micturate is dependent entirely upon the transmission of this stimulus to the brain."

The doctor concluded by giving as his opinion that many of the hitherto unexplained phenomena would be accounted for by the presence of sympathetic ganglia in the coats of the bladder.

Prof. A. Flint, jr., read a paper before the New York Society of Neurology on "Auditory Accommodation." He used this phraseology, he said, more on account of its peculiar aptness in expressing the idea he wanted to convey than from any analogy he would trace to visual accommodation. The theory he suggested was that the membrana tympani by means of its muscular connections could assume the various shades of tension necessary in order to vibrate by *reciprocation* in unison with the body in which vibrations are first excited; thus giving not only the same pitch but the same quality of note. For instance, if a string producing a certain number of vibrations in a second be brought

near a similar string capable of producing the same number of vibrations in that time, the second string will give the same sound as the first both in reference to pitch and quality; so the membrana tympani, by some power of anticipation not very clearly explained, could assume that nice adjustment enabling it to respond in unison with the vibrations of the vocal cords, as they contracted or relaxed, in order to produce the modulations of the human voice.

The paper showed that careful study and scientific research which Prof. Flint has the reputation of bestowing on all he offers for the consideration of the profession. In the discussion most of the members disagreed with the theory advanced, but offered nothing worthy of note. The most serious difficulty in the way of the theory is a case mentioned by Sir Astley Cooper, in which the membranæ tympani were entirely gone, and yet the subject could sing and perform with a high degree of excellence. Prof. F. explained this by assuming that the sound was propagated to the auditory nerve by the bones.

Dr. Judson's paper before the New York Academy of Medicine on the "Causes of Rotation in Lateral Curvature" was highly creditable. He called attention to the fact that the muscles whose contractions will produce lateral curvature are attached exclusively to the spinous and transverse processes, while the bodies of the vertebræ are entirely without muscular support throughout the greater part of the column. The contracting muscles thus not only draw the column as a whole laterally, but also through the leverage they possess in the processes cause the bodies to rotate on an axis posterior to the spinous processes. He illustrated his deduction by a very ingeniously-constructed column supported on a wooden frame, and his explanation was, I believe, accepted as the true one. Dr. Sayre was delighted with it, and said he had been treating patients on this principle without being able exactly to define his reason. He suspends his patients by supports under the occiput, chin, and shoulders, and while they are in this pendent state he puts on the plaster-of-paris bandage. He seemed to lay claim to the plaster treatment in this disease, but I understand from a reliable informant that it was first proposed and used by Dr. Joseph Bryan, of Lexington, Ky., while on the staff of Bellevue Hospital.

Dr. Chas. Heitzmann's paper before the county medical society on "Suppurative Diseases of the Skin" was received with applause. The doctor's paper was quite original. It was based chiefly upon the results of various experiments on nine rabbits, four dogs, five cats, and himself. The rabbits and himself were most easily affected, each suffering in proportion to the gravity of the experiment, the former paying the penalty of their lives, the latter escaping with but a *scratch*. The cats, it seems, preferred their accustomed nocturnal squalls to chanting with celestial choirs, and declined putting on their angel plumage so early in their career. The illustrious five will live, no doubt to figure in many other experiments, each of which will probably furnish a separate paper.

I can not close my letter, though already long, without giving a *résumé* of the proceedings of the pathological society, as many of the specimens presented were of peculiar interest.

Dr. Sayre presented the hip-joint and some of the viscera of a patient which had been the subject of morbus coxarius. The boy, aged eight years, entered the Institution for Ruptured and Crippled in 1874, with the disease in the second stage, where he remained a year receiving the usual regimen of treatment. The disease soon went on to suppuration, and when he left there were several discharging sinuses. In the early part of 1876 he was placed in Bellevue Hospital, with liver and spleen much enlarged, and with albumen in the urine. He was extremely emaciated, and evidently had but a short while to live. The diseased bone was excised on February 2d by Dr. Sayre, and the wound kindly healed. On April

19th he died, after the wound had entirely healed, in the words of the doctor, "because he had nothing to make blood with," the blood-forming glands presenting a mass of amyloid degeneration. The hip, which had been the seat of the operation, was carefully dissected, and the specimen showed a perfectly-formed capsular ligament, and to all appearances the new joint could perform all the normal motions. It showed the wonderful willingness of nature to repair under the most adverse circumstances. Dr. Mason asked how many of those Dr. S. had operated on had died during the first year. He desired to know whether the operation had checked the amyloid changes. He said that others had hesitated to use the knife after such degeneration had set in, but he thought the operation was the only chance of life. He elicited that only *eight* out of sixty operations had been followed by early death, and that sixty-six per cent of all had made a good recovery. Dr. Gibney thought from a case that had come under his observation that though the enlarged viscera became no smaller, they grew no larger, and caused no material inconvenience. Dr. Knapp related a similar instance.

Dr. Crosby presented a specimen of great interest in connection with the one Dr. Sayre had just exhibited. A child, aged thirteen years, was admitted into Bellevue Hospital in the early part of the present year. In consultation with Dr. Sayre he concluded the limb was anchylosed, and an operation on that ground was deemed inadmissible. Though tonics and stimulants were given freely, the patient soon died. The liver, spleen, and kidneys were much enlarged, and showed amyloid degeneration. The anchylosis was found almost perfect. There were three openings into the joint, two of which penetrated the acetabulum and communicated with the surface on the groin. After dissection the joint was trephined, and the interior of the cavity thus exposed to view. Nature had healed the lesion, but within the joint was seen a sequestrum of bone, which was so closely embraced by the new osseous tissue that it could never have been thrown off. "We have told us here in the most emphatic language possible how willingly she repairs injuries, and yet we are fearfully warned of how imperative is our duty. The operation of exsection is bloodless almost, and without shock, and the mortality in all cases has been only thirty-three per cent in exsection for morbus coxarius." Dr. C. thought excision should be performed as soon as we are satisfied of caries. Dr. S.'s rule is to give exit to the pus, and then if a good regimen of diet and out-door exercise fail to give early improvement, do not longer delay the operation.

Dr. Mason presented two specimens of fracture of the femur in women about seventy years of age. The first was a fracture through the trochanter, and although the woman was suffering from Bright's disease and an obstinate diarrhea at the time of the accident, she made a good recovery, with an inch and a half shortening, dying a year afterward of perforation of the sigmoid flexure. The second was a double fracture of the shaft of the femur. The patient was put up in a plaster bandage, and though very thin and suffering from incontinence of urine, she was in a fair way to recovery, when she died of broncho-pneumonia. Dissection of the bone showed that the fragments had already quite strongly united.

Dr. Bull's paper on the "Progress of Ophthalmology," read before the Journal Association, was exhaustive, being evidently the result of a very thorough and careful investigation of the subject.

The opening of a down-town hospital in place of the old Park Hospital, I am glad to learn, will probably soon take place by the Commissioners of Charities and Corrections. But for the refusal of Controller Green to sign the lease of the building on Center Street belonging to the New York Dispensary, it would already be in operation. It is generally thought that the instigators of the opposition to the lease are the managers of the New York Hospital in the old Chambers-street Police Station, they

claiming to be able to furnish all necessary down-town accommodation, although the utmost capacity of their quarters is thirty beds.

NEW YORK. ELECTRON.

TRIGG COUNTY MEDICAL SOCIETY.

Society met at Cadiz at 4 o'clock P. M., May 7th, in the Masonic Hall, Dr. Jefferson, the president, in the chair.

The following members were present: Drs. Bacon, Lindsay, Jefferson, Thomas, Lackey, Blane, Cullom, and Crenshaw.

Minutes of last meeting read and approved.

Drs. Cullom and Jefferson brought before the society a very interesting case of dropsy of the pericardium.

Dr. Crenshaw read the history of a case of congenital hydrocephalus. The society requested that the paper be furnished the Richmond and Louisville Medical Journal for publication.

Dr. J. W. Singleton, who was present by request of the society, gave the experience of the physicians of Paducah with the adoption of what is known as the "Delinquent or Black List." The experiment so far has been to the interest of the doctors; many who, though able, have never before settled their medical accounts have now done so.

Dr. Cullom read a lengthy paper detailing some of the dangers from the excessive use of chloral. The writer was requested to prepare a paper upon the same subject for the next meeting.

EVENING SESSION.

The society met in the Christian Church at 7 o'clock, where a large audience had assembled to listen to a lecture from Dr. Singleton. The president, after prayer by Elder Trimble, of the Church of Christ, introduced the speaker. The subject of his address was, "The Mission of Scientific Medicine."

Drs. Bacon and Thomas were appointed delegates to the American Medical Association.

Drs. Lackey and Blane were appointed to prepare papers for the next meeting of the society.

Society adjourned to meet again the 2d Monday in June.

G. H. JEFFERSON, *Pres.*

J. W. CRENSHAW, *Sec.*

Selections.

SHORTENING THE COURSE OF MEDICAL STUDY—THE REQUIREMENTS OF THE UNIVERSITY OF VIRGINIA.—Wm. R. DuBose, Assistant Surgeon U.S.N., writes to the New York Medical Record, from Washington, as follows:

"The spirited and forcible manner with which your valuable journal has directed attention to the existence of great abuses in the matter of awarding diplomas at Louisville and other medical colleges merits the commendation of a profession which is being prostituted. These schools deem thoroughness of knowledge to be unessential, and by their *forcing* process produce a mushroom growth in our medical field that can live only in the soil of charlatanism and imposture. In the Record of April 1st you quote from the editor of the American Medical Weekly (Dr. Gaillard) to the effect that any one can spend five months—the usual winter course of study—at any college, and at the expiration of the term, in March, can enter the Long Island or Cincinnati colleges, or the University of Virginia, and graduate in medicine in the following June, after only nine months' instruction! You seem to place confidence in this affirmation, and in so far as it relates to the colleges at the first two named places it may be true; but Dr. Gaillard does not appreciate or give credit for the vast difference between the requirements for graduation at the University of Virginia and at the other places, and between their courses and modes of instruction. I do not believe you would wittingly aim a blow at the University of Virginia through her medical department, and yet you seem to do so, in commenting on Dr. Gaillard's statements, when you declare that there is no reason to doubt their accuracy! His statement savors of truth, but leads to error. It is true that an intelligent man *can* graduate in nine months at the University of Virginia, but it requires excessive labor, and few accomplish it. Graduation there does not depend at all on the time one has studied—whether that be six months, a year, or six years—but depends on merit as developed by the ordeal of rigid written examinations. The term there is nine months long, and there is no such thing as a 'summer term.' The university

makes no boast of clinical advantages; but she does drill her students, and prepares them with conscientious thoroughness to appreciate and understand morbid states and therapeutic indications. The untutored, unprofessional mind is incapable of appreciating intelligently 'clinics,' nor are they a *sine qua non* of success. There, under the guidance of talented professors, a firm foundation of medical knowledge is laid, in each of the chief branches of medicine, during nine months, uninterrupted by Saturday or Christmas holidays. A man does not *then* secure his diploma after an examination of fifteen minutes' duration on a branch, as he may in most of his sister city colleges; but each branch is honored by *a day*, and the result is shown in a graduation of about twenty-five per cent of the applicants. What other college, any where, shows such a record? The noble old institution needs no laudation; and when graded with institutions that sell permits to practice, she can proudly refer to her history, and charge ignorance or malice against her maligners!

"This communication in vindication of the University of Virginia is evoked by the statement referred to. It is necessarily imperfect from brevity, but is written in all candor under a sense of injustice by imputation, if not by affirmation, done an institution, the peer, at least, of any college in this country. Do not, therefore, speak of her course in graduating students as a 'monstrous evil.' Do not speak of her as a 'so-called high place,' in which 'corruption' is going on, and level her with mercenary institutions at Louisville and elsewhere. Comparisons are odious to her. Pardon me for occupying so much space."

THE KENTUCKY SHOWER OF FLESH.—Leopold Brandeis, of Brooklyn, gives (Sanitarian) the following explanation of the Bath County wonder:

"It appears to be a law of nature that weeds should grow with flowers, tares with corn, and that superstition should almost touch truth. Showers of frogs, of fishes, of bloody rain and snow have frequently occurred. The last sensation, however, 'the fall of flesh in Kentucky,' offers some features of special interest.

"In 1537, while Paracelsus was engaged in the production of his 'elixir of life,' he came across a very strange-looking vegetable mass, to which he gave the name of 'Nostoc.'

"The want of rapid transportation, combined with the perishable nature of the substances fallen, have hitherto prevented a complete and exhaustive examination. The specimens of the 'Kentucky shower,' however, reached this city well preserved in glycerine, and it has been comparatively easy to identify the substance and to fix its status. The 'Kentucky wonder' is nothing more or less than the 'Nostoc' of the old alchemist. The 'Nostoc' belongs to the confervæ; it consists of translucent, gelatinous bodies joined together by threadlike tubes or seedbearers. There are about fifty species of this singular plant classified; two or three kinds have even been found in a fossil state. Like other confervæ, the Nostoc propagates by self-division as well as by seeds or spores. When these spores work their way out of the gelatinous envelope they may be wafted by the winds here and there, and they may be carried great distances. Wherever they may fall and find congenial soil—viz., dampness or recent rain—they will thrive and spread very rapidly, and many cases are recorded where they have covered miles of ground in a very few hours with long strings of 'Nostoc.'

"On account of this rapidity of growth people almost every where faithfully believe the Nostoc to fall from the clouds, and ascribe to it many mysterious virtues. The plant is not confined to any special locality or to any climate. Sown by the whirlwind, carried by a current of air, in need of moisture only for existence and support, it thrives every where. Icebergs afloat amid-ocean have been found covered with it. In New Zealand it is found in large masses of quaking jelly, several feet in circumference, and covering miles of damp soil; and in our own country it may be found in damp woods, on meadows, and on marshy or even gravelly bottom.

"All the Nostocs are composed of a semi-liquid cellulose and vegetable proteine. The edible Nostoc is highly valued in China, where it forms an essential ingredient of the edible bird-nest soup. The flesh that was supposed to have fallen from the clouds in Kentucky is the flesh-colored Nostoc (N. carneum of the botanist). The flavor of it approaches frog or spring-chicken legs, and it is greedily devoured by almost all domestic animals.

"Such supposed 'showers' are not rare, and are entirely in harmony with natural laws. In the East Indies the same Nostoc is used as an application in ulcers and scrofulous disease, while every nation in the East considers it nourishing and palatable, and uses it even for food when dried by sun-heat."

ON FEVER.—Dr. John L. Cook, of Henderson, Ky., says, in a communication to the Virginia Medical Monthly: "To cover all practical points, from what has been said, it becomes necessary to govern both general and local circulations. For example, a favorite prescription of ours in pneumonia is this: R. Tinct. veratri virid., gtt. xxiv; quiniæ sulph., gr. xxx; morphiæ sulph., gr. j; syrp. simplicis, dr. vj. M. S. Teaspoonful from two to four hours. If the pulse becomes weak under its influence, ammonia should be added to give it volume. Ergot is also sometimes used. Two patients with pneumonia have been thus treated in the last week, in conjunction with Dr. J. B. Cook. With what result? We are

compelled to say it has never failed to do good in our hands, and much good at that, when early administered. The veratrum brings down the pulse, the quinine and ergot diminish the caliber of the pulmonary blood vessels in the engorged lung; they all lower febrile heat; and morphine relieves pain, secures rest and sleep. . . . While therapeutics is somewhat limited in this respect, yet ergot possesses general properties in this way, and would therefore be indicated in all acute inflammations in the congestive stage before exudation, as well as in essential fevers, with the object in view of diminishing the capacity of the capillary circulation. Quinine in large doses must act in the same way, through nervous influence; thus it becomes a potent drug as a sedative, arrests inflammation, and cools fever. Cold water, too, is an auxiliary in the form of baths, effusion, or wet sheets, to reduce preternatural heat. Here it has a double influence: first, it contracts the capillaries most speedily, thoroughly and effectually; secondly, it directly abstracts heat from the overheated body, and so prevents destructive changes; and for this purpose patients may be kept in tepid or cold water many hours during an attack of typhoid, scarlet, or other fevers. This practice is quite in vogue now in Germany, and we think the plan full of comfort, of utility, of wisdom, of science, and of good results. It allays excitement; it reduces fever; it soothes pain, quiets restlessness, and makes way for recovery. . . . If our memory serves us rightly, it was Bennett who said fever was dilatation of the blood vessels. If this be accurate, the treatment given in this paper—namely, cold baths, quinine, ergot, belladonna, etc., to diminish preternatural heat by contracting the capillaries—would be most judicious, quite practical, and eminently successful."

THE PHYSIOLOGICAL ACTION OF ALCOHOL.—The numbers of the Practitioner for January and February of the present year contain an instructive paper on this subject by Dr. T. Lauder Brunton. The direct points in this paper are summed up as follows: 1. Alcohol in small quantities increases the secretion of gastric juice and the movements of the stomach, and thus aids digestion. Although unnecessary in health, it is useful in exhaustion and debility. 2. It increases the force and frequency of the pulse by acting reflexly through the nerves of the stomach. 3. In large doses it impairs digestion by over-irritating the stomach. 4. It may produce death reflexly by shock. 5. After absorption into the blood it lessens the oxidizing power of the red blood-corpuscles. This property renders it useful in reducing temperature. When constantly or very frequently present in the blood, it causes accumulation of fat and fatty degeneration of organs. 6. It undergoes combustion in the body, maintains or increases the body-weight, and prolongs life on an insufficient diet. It is therefore entitled to be reckoned as a food. 7. If large doses are taken, part of it is excreted unchanged. 8. It dilates the blood-vessels, increases the force and frequency of the heart by its action on the nervous centers, to which it is conveyed by the blood, imparts a feeling of comfort, and facilitates bodily and mental labor. It does not give additional strength, but merely enables a man to draw upon his reserve energy. It may thus give assistance in a single effort, but not in prolonged exertions. 9. The same is the case with the heart; but in disease alcohol frequently slows instead of quickening the pulsations of this organ, and thus economizes instead of expending its reserve energy. 10. By dilating the vessels of the skin alcohol warms the surface at the expense of the internal organs. It is thus injurious when taken during exposure to cold, but beneficial when taken after the exposure is over, as it tends to prevent congestion of internal organs. 11. The symptoms of intoxication are due to paralysis of the nervous system; the cerebrum and cerebellum being first affected, then the cord, and lastly the medulla oblongata. It is through paralysis of the medulla that alcohol usually causes death. 12. The apparent immunity which drunken men enjoy from the usual effects of serious accidents is due to paralysis of the nervous mechanism, through which shock would be produced in a sober condition.—*Practitioner*, February, 1876.

AN AGREEABLE MODE OF TAKING CASTOR-OIL.—Castor-oil may be agreeably taken by first rinsing the glass with moderately hot water, and then proceeding as follows: take hot water, 2 drams; castor-oil, 1 ounce; peppermint water, 1 dram; to be put in a tumbler in the order mentioned above. Hardly any taste of the oil remains in the mouth, and it is easily swallowed. The tumbler is also easily cleaned, as little or no oil adheres to it.—*Medical Brief.*

Miscellany.

—T. F. Clarke, in his Reminiscences, makes the following very pertinent remarks in regard to the prevailing sin of the medical literature of the day: In these days, when almost every man is a lecturer or "author," and publishes his narratives in the journals or in monographs, it may be worth while to refer my readers to the models of contributions to the practice of

medicine published by Elliotson. It is refreshing in these days to go back forty years to look at them. There they are all simple matter of fact, with common-sense deductions; not as now, pages filled with

> "Fancies to show the stretch of human brain,
> Mere curious pleasure or ingenious pain."

The great evil of the present day, *quoad* the writers and authors of the profession, is the voluminous nature of their contributions. This is an evil which seems on the increase. Can it be abated? We fear not. "Voluminous" writers should remember that their lucubrations are read in an inverse ratio to their length. Facts can be stated briefly; the briefer, so long as they are clear, the better. Sir Samuel Romilly contended that no speech of an advocate in the Court of Chancery need exceed twenty minutes in length. Take a volume of the Transactions of the Medico-Chirurgical Society fifty years since, and compare it with one of modern date. The difference is striking, but not pleasant to us. Yet who shall say the late volumes are to be compared in interest and value to the earlier ones? When Astley Cooper, Haighton, and Babington were at Guy's; Green, Tyrrell, and Travers at St. Thomas's; Abernethy and Stanley at St. Bartholomew's; Brodie, Keate, and Chambers at St. George's; Sir C. Bell at the Middlesex; White, Lynn, and Guthrie at the Westminster; Blizard and Heaviside at the London, most of whom contributed to the "Transactions," we had none of the windy reports that characterize those of the present day. The evil had begun to exhibit itself in the time of Sir Astley, who once naïvely remarked to me, "Sir, the writers are becoming like seamen who neglect the prominent landmarks for taking useless soundings, and make absurd calculations of no use to any one, and liable to run the unlucky ship on a rock." It is related that Blake, the most imaginative of painters—Fuseli himself not excepted—once saw the ghost of a flea, and sketched it. Had he belonged to the "pre-Raphaelite school" of the present day it is probable that he would have made the "ghost" merely a feature in an elaborate production of his easel. Perhaps he would have placed it on a rich blanket on a superb bed in a gaudily-furnished room; every thread of the blanket, every line of the bed tick, every object—even the most minute—elaborately "worked-up," the "poor ghost," like that of Hamlet's father, being invisible, or only seen by the gifted eye. What would have been the result? The great sketch of the flea, so wonderfully portrayed by the painter, would have been "nowhere." Writers on medicine and surgery of the present day get hold of the "ghost of a fact," and they theorize upon it to such an extent and with such elaborate minuteness that we are mystified, and looking for the meaning, as we do for that in Gratiano's talk, find to our cost that it is "an infinite deal about nothing."

WARTS.—Dr. Tuke, in his "Illustrations of the Influence of the Mind upon the Body in Health and Disease," has the following upon faith-cure of warts: The influence of the imagination upon warts, trivial as it seems, is really a curious page in the history of this power as a curative agent. They are so apparent that there can not be much room for mistake as to whether they have or have not disappeared, and in some instances, within my own knowledge, their disappearance was in such close connection with the psychical treatment adopted, that I could hardly suppose the cure was only *post hoc*. In one case, a relative of mine had a troublesome wart on the hand, for which I made use of the usual local remedies, but without effect. After they were discontinued, it remained in *statu quo* for some time, when a gentleman "charmed" it away in a few days. A surgeon informs me that some years ago his daughter had about a dozen warts on her hands. They had been there about eighteen months, and her father had applied caustic and other remedies without success. One day a gentleman called, and in shaking hands with Miss C— remarked upon her disfigured hand. He asked her how many she had; she replied she did not

know, but thought about a dozen. "Count them, will you?" said the caller, and taking out a piece of paper he solemnly took down her counting, remarking, "You will not be troubled with your warts after next Sunday." Now, it is a fact that by the day named the warts had disappeared and did not return. "Old women," says Brand (op. cit.), "were always famous for curing warts; they were so in Lucian's time;" and he refers to the time-honored cure for warts, that of stealing a piece of beef from a butcher's shop, rubbing your warts with it, then throwing it away or burying it; then as the beef rots, the warts decay. I dare say that the excitement of the theft was one element in the cure. As Dr. Carpenter says, therefore, "the charming away of warts by spells of the most vulgar kind" belongs to those "cases which are *real facts*, however they may be explained" (viii, p. 984). Lord Bacon, in his "Natural History," does not fail to refer to the curing of warts by charms, and adduces his own experience, but does not see through the charm the effects of the imagination. "I had from my childhood," he says, "a wart upon one of my fingers; afterward, when I was about sixteen years old, being then in Paris, there grew upon both my hands a number of warts, at the least a hundred, in a month's space. The English ambassador's lady, who was a woman far from superstition, told me one day she would help me away with my warts; whereupon she got a piece of lard with the skin on, and rubbed the warts all over with the fat side; and amongst the rest, that wart which I had from my childhood; then she nailed the piece of lard, with the fat toward the sun, upon a post of her chamber window, which was to the south. The success was that within five weeks' space all the warts went quite away, and that wart which I had so long endured for company. But at the rest I did little marvel, because they came in a short time, and might go away in a short time again; but the going away of that which had stayed so long doth yet stick with me" (xiv, 2, p. 73). Bacon attributes this result, not to the expectant action of the mind upon the warts, but to the sympathy supposed to exist between the lard and the warts after they had once been in contact. The lard having touched the warts, the melting or wasting away of the former in the sun caused the disappearance of the latter. The explosion of this vulgar error is one of the triumphs of the inductive process of investigation which Bacon himself initiated. "Even tumors," says Hunter, "have yielded to the stroke of a dead man's hand," (ii, 1, p. 360). A curious illustration of this superstition is given in Brand's "Popular Antiquities" (vol. iii, p. 147), from a newspaper published in 1777. "After Dr. Dodd had hung about ten minutes, a very decently dressed young woman went up to the gallows in order to have *a wen* in her face stroked by the doctor's hand; it being a received opinion among the vulgar that it is a certain cure for such a disorder. The executioner, having untied the doctor's hands, stroked the part affected several times therewith." Unfortunately we are not told whether the application was successful.

—On the 6th of April a great jubilee was held in Hanover, the day being the fiftieth anniversary of the one upon which Stromeyer obtained his doctor's degree in Berlin. The Order of the Red Eagle of Prussia was conferred upon the distinguished surgeon by order of the emperor. Deputations of surgeons from the whole empire and from England were present. Congratulatory telegrams and addresses from all quarters were received. The addresses from America were from New York, Boston, and Philadelphia. The affair wound up with a banquet to which two hundred and fifty sat down. Great and deserved honors were paid to the inventor of subcutaneous surgery, and one who added so much to our knowledge of its military department.

—Sir Wm. Wilde, the great aurist, died at his residence in Dublin on the 19th of April.